

# Public Document Pack



## HEALTH AND WELLBEING BOARD

Tuesday, 11 June 2024 at 6.30 pm  
Virtual/Teams

Contact: Jane Creer  
Board Secretary  
Direct : 020-8132-1211  
Tel: 020-8379-1000  
Ext: 1211  
E-mail: [jane.creer@enfield.gov.uk](mailto:jane.creer@enfield.gov.uk)  
Council website: [www.enfield.gov.uk](http://www.enfield.gov.uk)

**PLEASE NOTE: VIRTUAL MEETING**  
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## MEMBERSHIP

Cabinet Member for Health & Social Care – Councillor Alev Cazimoglu (Chair)  
Cabinet Member for Children’s Services – Councillor Abdul Abdullahi  
Councillor Emma Supple – Conservative Member representative  
Governing Body (Enfield) NCL CCG – Dr Shakil Alam (Vice Chair)  
NHS North Central London ICB – Clare Henderson  
Healthwatch Representative – Albie Stadtmiller  
NHS England Representative – (Vacancy)  
Director of Public Health – Dudu Sher-Arami  
Director of Adult Social Care – Doug Wilson  
Executive Director People – Tony Theodoulou  
CEO of Enfield Voluntary Action – Jo Ikhelef  
Voluntary Sector Representatives: Pamela Burke (+ Vacancy)

## Non-Voting Members

Royal Free London NHS Foundation Trust – (TBA)  
North Middlesex University Hospital NHS Trust – Dr Nnenna Osuji  
Barnet, Enfield and Haringey Mental Health NHS Trust – Andrew Wright  
Whittington Hospital – Siobhan Harrington  
Enfield Youth Parliament representative

## AGENDA – PART 1

### 1. WELCOME AND APOLOGIES (6:30 - 6:35PM)

**Welcome from the Chair and introductions**

## **2. DECLARATION OF INTERESTS**

Members are asked to declare any pecuniary, other pecuniary or non-pecuniary interests relating to items on the agenda.

## **3. STATEMENT ON JHWBB PURPOSE, POWERS AND RELATIONSHIP IN ICB/ICS ERA (6:35 - 6:40PM) (Pages 1 - 12)**

Including Summary report on GOV.UK Circular Issued on 1 February 2024 relating to JHWBB/ICB relationship and influence on Joint Outcomes Framework Planning.

(PAPERS ATTACHED)

Mark Tickner, Senior Public Health Strategist, Public Health Department.  
London Borough of Enfield.

## **4. LBE / NCL VACCINATION / INFECTION CONTROL UPDATE WITH SPECIFIC MEASLES / CHILDHOOD INFECTIOUS DISEASE STATUS REPORT (6:40 - 7:00PM) (Pages 13 - 26)**

Mark Tickner, Infection Control Lead, and Gayan Perera, Public Health Intelligence Manager – Public Health Department London Borough of Enfield.

(PAPERS TO FOLLOW AND ATTACHED)

Focus on measles and whooping cough surge in NCL and vaccination and information response.

## **5. CURRENT ICB RESTRUCTURING STATUS (7:00 - 7:05PM)**

To note the report of Stephen Wells, Head of Borough Partnership Programme, Enfield Borough Directorate, NHS North Central London.

## **6. JOINT HEALTH AND WELLBEING STRATEGY RENEWAL PROGRESS UPDATE (7:05 - 7:25PM)**

Dudu Sher-Arami, Director of Public Health LB Enfield, Chad Byworth ST1 Registrar – Public Health Department, LB Enfield, Victoria Adnan, Policy and Performance Manager, Chief Executive's Department, LB Enfield, Mark Tickner, Senior Public Health Strategist, Public Health Department, LB Enfield.

(PAPERS TO FOLLOW)

- i. Focus on next steps and move to action planning and implementation.
- ii. Schedule for Action Planning Workshop(s) to commence at beginning of July.

## **7. UPDATE ON IMPENDING CQC INSPECTION OF LB ENFIELD ADULT SOCIAL CARE (7:25 - 7:45 PM)**

Doug Wilson, Director of Adult Social Care, London Borough of Enfield, for noting.

To include brief detail of preparations and possible timelines.

## **8. FUTURE SUBJECT ITEMS FOR SPOTLIGHT AND DISCUSSION**

i. For inclusion in October HWBB – full agenda item from SEND and Inclusion Service including discussion on and presentation on Trauma Informed Practice and its inclusion in the successor Health and Wellbeing Strategy. And also Issues around accessing Child and Adolescent Mental Health Services and challenges around autism diagnoses.

ii. Board suggested items.

## **9. ANY OTHER BUSINESS**

a. Suicide Prevention Plan – update on progress and intention to bring to Board in October.

b. To note substantial input into Suicide Prevention Plan update and development of Successor JHWBS by Dr Chad Byworth, ST1 Registrar, Public Health Department, LBE who will be moving on from LBE prior to the next JHWBB.

## **10. MINUTES OF THE MEETING HELD ON 4 DECEMBER 2023 (Pages 27 - 32)**

To receive and agree the minutes of the meeting held on 4 December 2023.

## **11. NEXT MEETING DATES**

Proposed dates of the next meetings of Enfield Health and Wellbeing Board:

Tuesday 8 October 2024

Tuesday 3 December 2024

Wednesday 5 March 2025

Formal Board meetings proposed to commence at 6:30 pm to 8:00 pm.

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# ICS, Population Health Strategies and the HWBB

## Relationship to [Local] Joint Health and Wellbeing Strategy



# Place, HWBB's and Subsidiarity - 1

The health and wellbeing board remains responsible for producing both the joint strategic needs assessment, the pharmaceutical needs assessment and the joint local health and wellbeing strategy.

The integrated care strategy should complement the production of these local strategies.

It should identify where needs *could be* better addressed at ICS level.

It *should not* replace or supersede the joint local health and wellbeing strategies, which will continue to have a vital role at place.

# Place, HWBB's and Subsidiarity - 2

**As stated, the integrated care strategy should reflect and complement, not supersede, any other place-based plans and strategies.**

**The ICP must consider refreshing the integrated care strategy when it receives a “new” joint strategic needs assessment.**

**The ICP should continue to consider how its integrated care strategy aligns with shared outcomes frameworks produced by places within its geographical area, and in light of any new policy announcements.**

# Place, HWBB's and Subsidiarity - 3

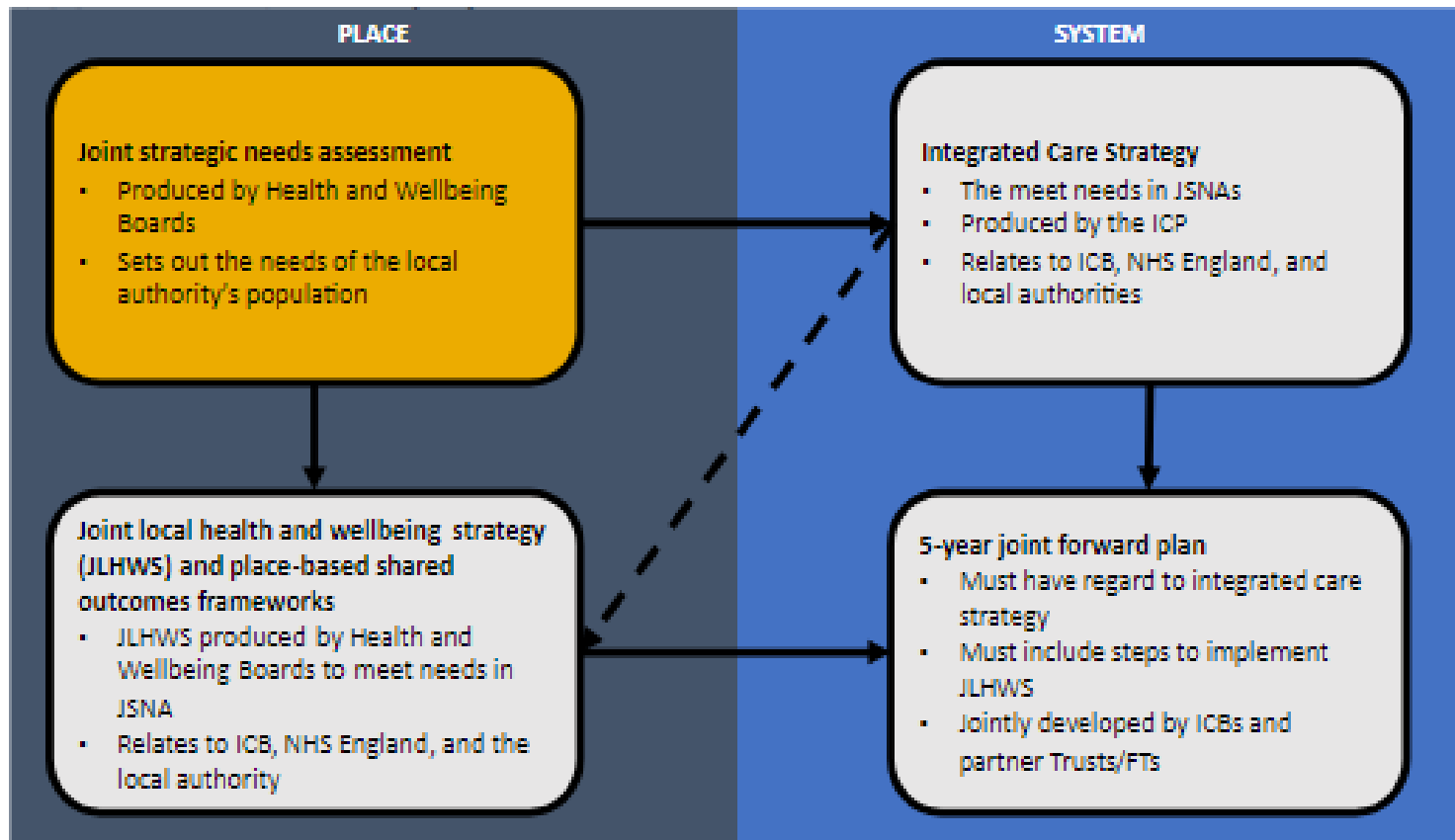
A health and wellbeing board *is required* to consider revising the joint local health and wellbeing strategy on receiving a new integrated care strategy, but need not produce a new strategy if it considers the existing strategy sufficient.

There should be “alignment” between system and place level strategies and plans.

The integrated care strategy, as a system-level strategy, should complement the place-level joint strategic needs assessment, joint local health and wellbeing strategy, **and any place-based shared outcomes framework**



# Place, HWBB's and Subsidiarity – 4





**JOINT HEALTH AND WELLBEING BOARD - SUMMARY BRIEFING  
PAPER FOR CHAIR**

**MEETING DATE:** 3rd June 2024

**REPORT/PAPER TITLE:** Summary of Circulars Published by DoHASC on 1<sup>st</sup> February 2024 relating to status of JHWBB

**REPORT OF Director of Public Health**

**SUMMARY OF KEY ISSUES INCLUDED WITHIN THE ATTACHED  
REPORT OR PAPER**

- The Department of Health and Social Care also published guidance on the 1<sup>st</sup> February 2024 relating to the preparation of integrated care strategies.
- [The full circular may be found here.](#)
- This includes additional guidance on localised decision-making at place [local authority] level including how local strategies [including the Joint Health and Wellbeing Strategy] should shape integrated care strategies.
- The guidance also sets out very clearly the continued importance of “place” and the Joint Health and Wellbeing Board and its outputs.
- Specifically the Joint Health and Wellbeing Strategy and the Joint Strategic Needs Assessment.

**REPORT AUTHOR:**

Report prepared by Mark Tickner Date 03.06.2024

Agency/Organization/Role LBE Public Health Department Health and Wellbeing Board Partnership Manager.

**ANY COMMENTS OF THE DIRECTOR OF PUBLIC HEALTH**

**JOINT HEALTH AND WELLBEING BOARD - SUMMARY BRIEFING  
PAPER FOR CHAIR**

The original guidance on the preparation of integrated care strategies was first published in July 2022.

This guidance replaces that previously published.

A summary of the changes made as they relate to the Joint Health and Wellbeing Board and its outputs are:-

- additional guidance on localised decision-making at place level, including how place-level plans and strategies (including shared outcomes frameworks) should shape any integrated care strategy.
- **greater clarity on the opportunity for integrated care strategies to consider the wider determinants of health in setting the overall direction for the system (for example, housing and crime) and health-related services (services that are not directly health or social care services but could have an impact on health)**
- greater clarity on **the expectation** for integrated care partnerships (ICPs) to promote widespread involvement when developing their integrated care strategies, supported by specific examples - this includes engagement with voluntary sector organisations.

### **Context**

The Health and Care Act 2022 amends the Local Government and Public Involvement in Health Act 2007, and requires ICPs to write an integrated care strategy to set out how the assessed needs (from the **joint strategic needs assessments**) can be met through the exercise of the functions of the integrated care board (ICB), responsible local authorities or NHS England).

Any integrated care strategy should build on existing work and momentum to further the transformative change needed to tackle challenges such as reducing disparities in health and social care; improving quality and performance; preventing mental and physical ill health; maximising independence and preventing care needs, by promoting control, choice and flexibility in how people receive care and support.

The integrated care strategy should set the direction of the system across the area of the ICB and ICP, setting out how commissioners in the NHS and local authorities, working with providers, the voluntary, community and social enterprise (VCSE) sector, and other partners, can deliver more joined-up, preventative, and person-centred care for their whole population, **and across the life course.**

The integrated care strategy presents an opportunity to do things differently to before, such as reaching beyond 'traditional' health and social

## JOINT HEALTH AND WELLBEING BOARD - SUMMARY BRIEFING PAPER FOR CHAIR

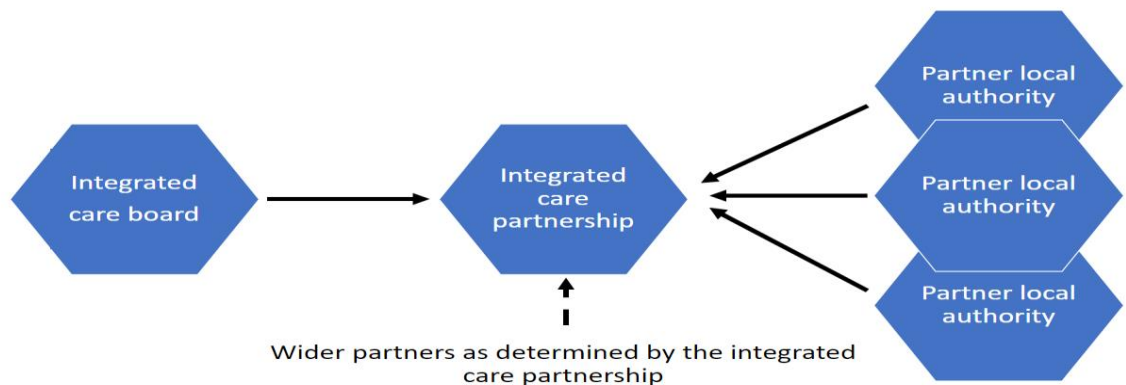
care services to consider **the wider determinants of health** or joining-up health, social care and wider services, and to take an approach based on health creation, in addition to addressing deficits.

### ICPs and the wider system

#### The make-up of the ICP

The Health and Care Act 2022 establishes ICBs and requires them to form a joint committee with each responsible local authority in their area. This committee is the ICP as demonstrated in Figure 1 below.

**Figure 1: the make-up of the ICP**



#### The purpose of the integrated care strategy

The integrated care strategy is an opportunity to work with a wide range of people, communities and organisations to develop evidence-based, system-wide priorities that will improve the public's health and wellbeing and reduce health inequalities.

The integrated care strategy **must** set out how the assessed needs (identified in the **joint strategic needs assessments** produced by **the health and wellbeing boards**) of the local population are to be met by the ICB.

#### Place, health and wellbeing boards and subsidiarity

**Health and wellbeing boards** are an important mechanism for driving joined up working at place level. **The health and wellbeing board** remains responsible for producing both **the joint strategic needs assessment** and **the joint local health and wellbeing strategy**.

<p style="text-align: center;"><b>JOINT HEALTH AND WELLBEING BOARD - SUMMARY BRIEFING PAPER FOR CHAIR</b></p>
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The integrated care strategy should **complement** the production of these local strategies. It should not replace or supersede the joint local health and wellbeing strategies, which will continue to have a vital role at place.

The integrated care strategy should also and complement, not supersede, any other place-based plans and strategies - for example, shared outcomes frameworks being developed by place partnerships.

In cases where the geographical area covered by a place-based arrangement is coterminous with that of a health and wellbeing board, the joint local health and wellbeing strategy produced by the health and wellbeing board may act as the shared outcomes framework the government expects place partnerships to develop.

**The ICP must consider refreshing the integrated care strategy when it receives a new joint strategic needs assessment.**

The ICP should continue to consider how its integrated care strategy aligns with shared outcomes frameworks produced by places within its geographical area, and in light of any new policy announcements.

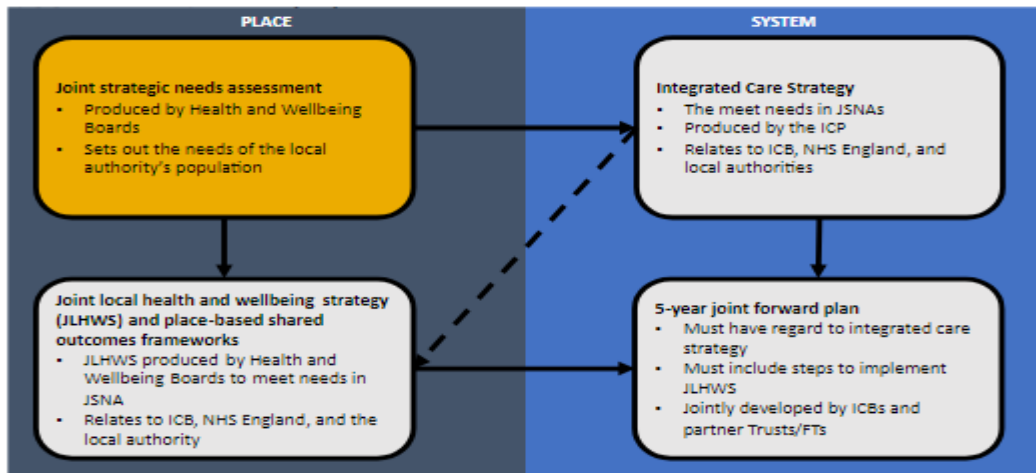
**A health and wellbeing board is required to consider revising the joint local health and wellbeing strategy on receiving a new integrated care strategy, but need not produce a new strategy if it considers the existing strategy sufficient.**

**There should be alignment between system and place level strategies and plans.**

Figure 2 highlights that the integrated care strategy, as a system-level strategy, should complement the place-level joint strategic needs assessment, joint local health and wellbeing strategy, and any place-based shared outcomes framework.

**JOINT HEALTH AND WELLBEING BOARD - SUMMARY BRIEFING  
PAPER FOR CHAIR**

**Figure 2: plans and strategies at system and place level within ICSs**



### **Producing an integrated care strategy**

#### **Responsibility for developing the strategy.**

The ICP is responsible for preparing the integrated care strategy, so ICBs and responsible local authorities should engage, co-operate and provide the necessary resources for the preparation for the strategy.

#### **Evidence of need and the integrated care strategy**

The integrated care strategy is intended to meet the needs of local people of all ages identified in the **relevant health and wellbeing boards' joint strategic needs assessments**.

These assessments relate to all health (physical and mental), and social care needs of the whole population. **ICPs should use these assessments** to explore gaps in care, unwarranted variation, and disparities in health and care outcomes and experiences between parts of the population and understand opportunities where system-wide action could be effective in improving these, including addressing the wider determinants of health and wellbeing, and preventing ill-health and future care and support needs.

#### **Local authority and ICB leadership Implications**

**ICPs should involve chairs of health and wellbeing boards, local authority directors of children's services, adult social services, statutory safeguarding partners, and public health and their teams in the production of the integrated care strategy.**

**JOINT HEALTH AND WELLBEING BOARD - SUMMARY BRIEFING  
PAPER FOR CHAIR**

**Population health and prevention**

The circular re-states the importance of “prevention” to the activity defined in ICPs. And notes that they should consider how to improve health and wellbeing and how to support prevention of physical and mental ill-health.

**Definition of “population health management”**

Evidence-based, proactive, data-driven population health management techniques such as targeted predictive prevention and tackling long-term challenges through addressing the wider determinants of health are an important part of the broader task of improving population health.

ICPs, when considering how they can address health and social care needs, should consider whether population health management approaches could support people in staying healthy, avoiding illness, and the impact this can have on their and their families’ lives.

ICPs should ensure the full utilisation of **public health expertise** and leadership, centring on **the local directors of public health**.

**Refreshing the integrated care strategy**

The circular makes very clear that whenever the ICP receives **a new joint strategic needs assessment from a health and wellbeing board**, it must consider whether the integrated care strategy needs to be revised.

- [The full circular may be found here.](#)



# Immunisation Plan

HWBB 11<sup>th</sup> June 2024

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Agenda Item 4

[www.enfield.gov.uk](http://www.enfield.gov.uk)

Striving for excellence



# Childhood immunisations

- 16 areas of focus from performance management to early years settings
- Delivered training to 70 healthcare professionals including school nurses and health visitors
- School Aged Immunisation Service (SAIS) contacted parents of all school aged children to offer vaccination.
- SAIS Programme of school visits and afterschool, weekend, holiday catch up clinics
- Attendance at community health events
- Ongoing communications

# Adult immunisations

- Newly established NCL pertussis working group
- Addressing data quality issues
- Focus on care homes / housebound patients
- Enfield representation on the newly formed London-wide community Vaccine Steering Groups
- Ongoing communications

# Community events / awareness raising

- Community health day organised by Edmonton Community Partnership (attended by SAIS team)
- Revival Christian Church of Enfield Breakfast Townhall meetings
- Vaccine q&a for the Somali community organised by Dalmar
- Planned engagement event for Turkish & Kurdish communities before July 2024

# Statutory notifications of infectious diseases and childhood vaccine update

Public health update for Enfield Health &  
Wellbeing Board

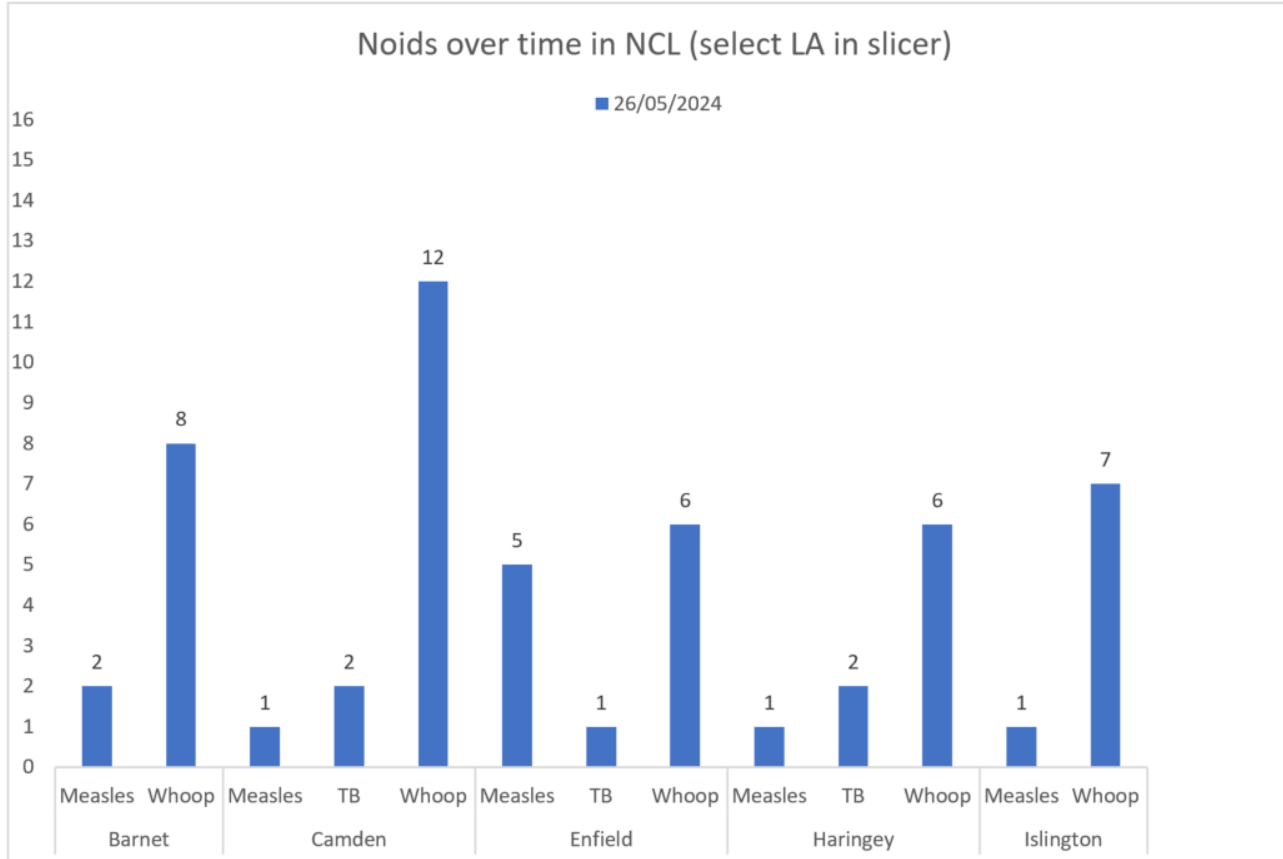
**11<sup>th</sup> June 2024**

**Gayan Perera**

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# Latest weekly data for notifications of infection diseases across North Central London



LA

- Barnet
- Camden
- Enfield
- Haringey
- Islington

Week ending

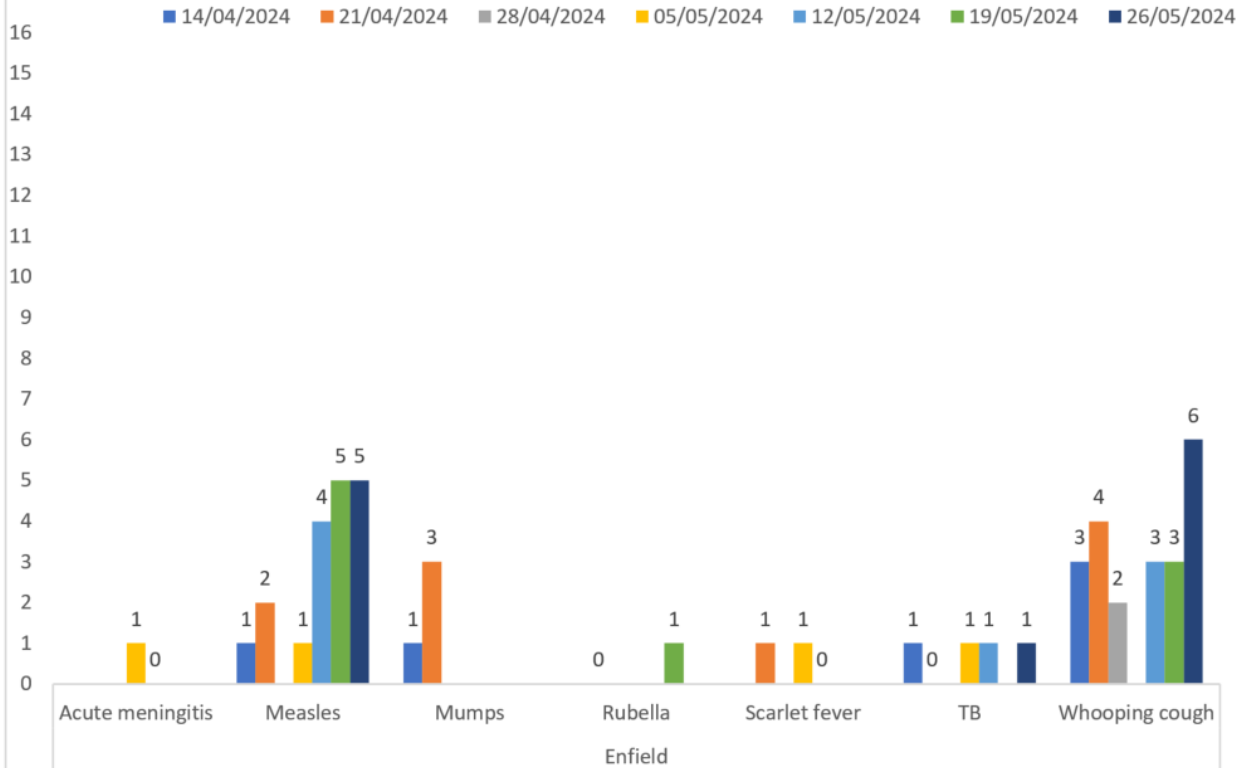
- 14/04/2024
- 21/04/2024
- 28/04/2024
- 05/05/2024
- 12/05/2024
- 19/05/2024
- 26/05/2024

[Source Noids weekly report Gov.uk](#)



# Notifications of infection diseases over time in Enfield

Noids over time in Enfield (select LA in slicer)



LA

- Barnet
- Camden
- Enfield**
- Haringey
- Islington

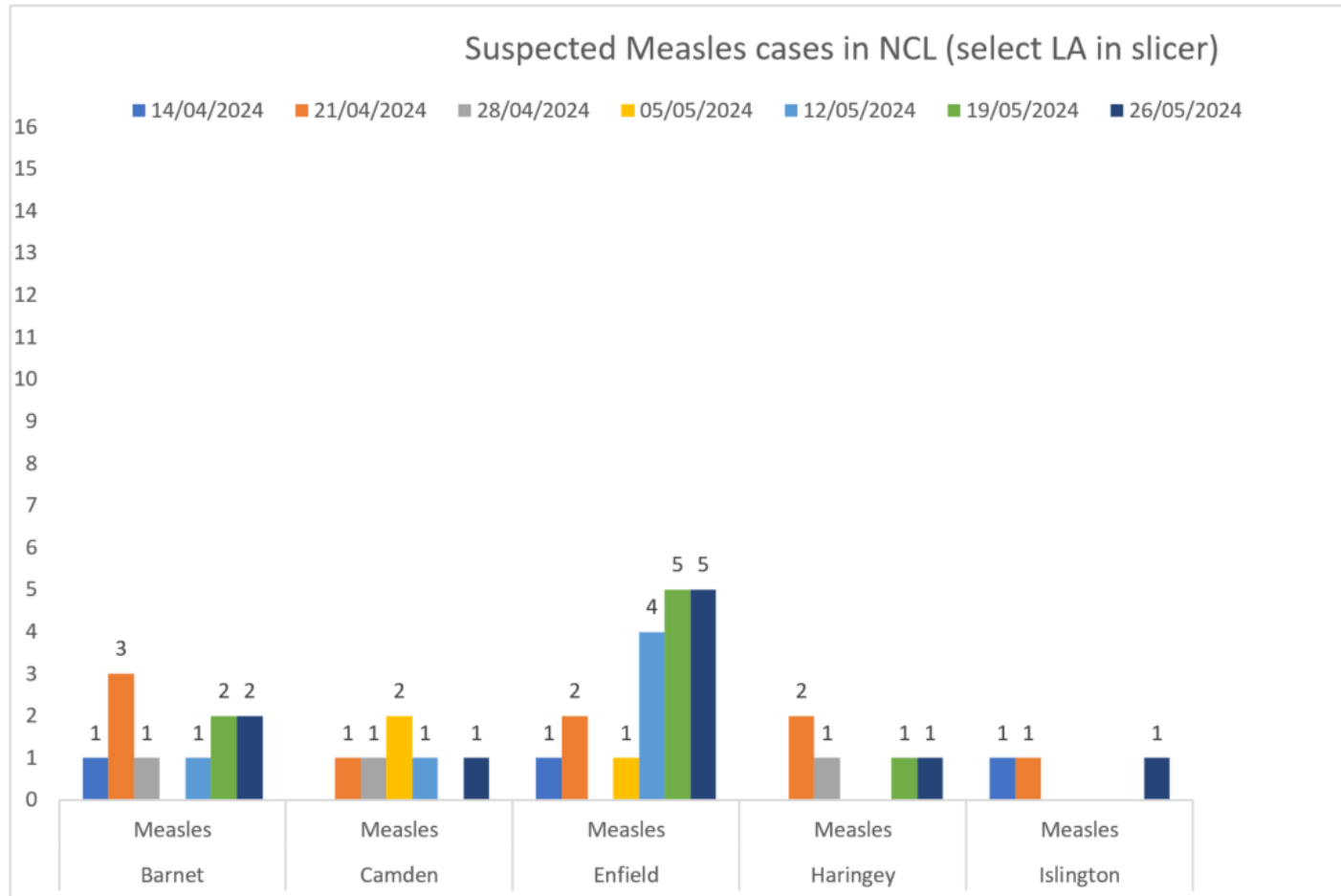
Week ending

- 14/04/2024
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- 19/05/2024
- 26/05/2024

[Source Noids weekly report Gov.uk](https://www.gov.uk/noids-weekly-report)



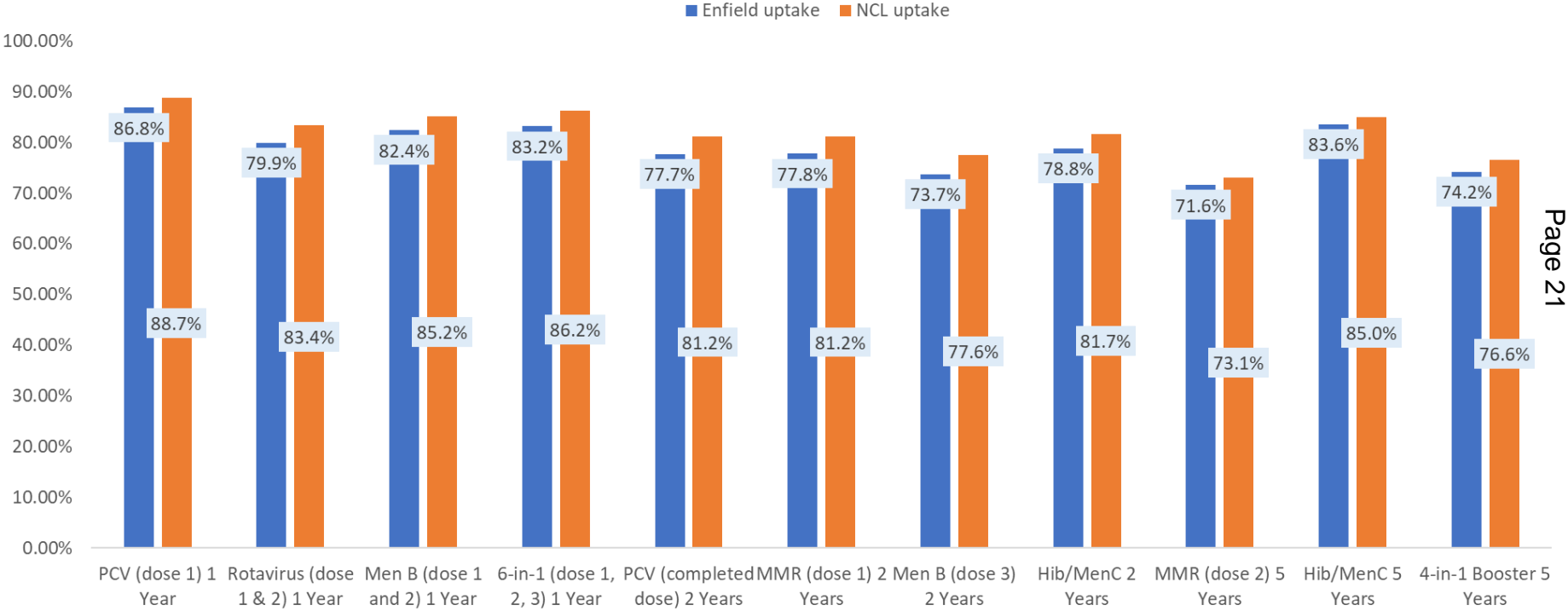
# Number of suspected Measle cases are on the rise in NCL boroughs



Suspected Measle cases are on the rise in Enfield

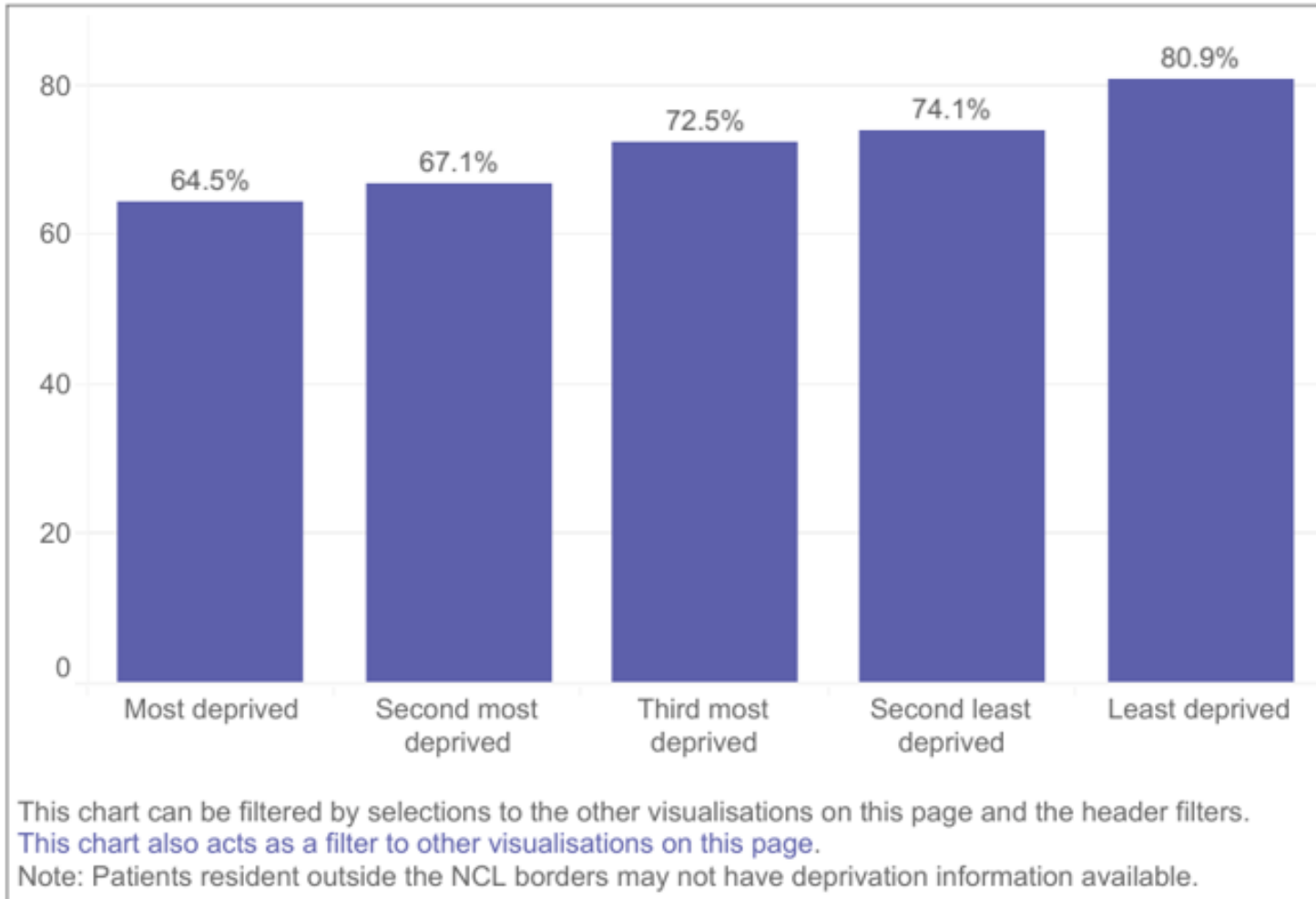


# Childhood vaccine uptake in Enfield compared with NCL average



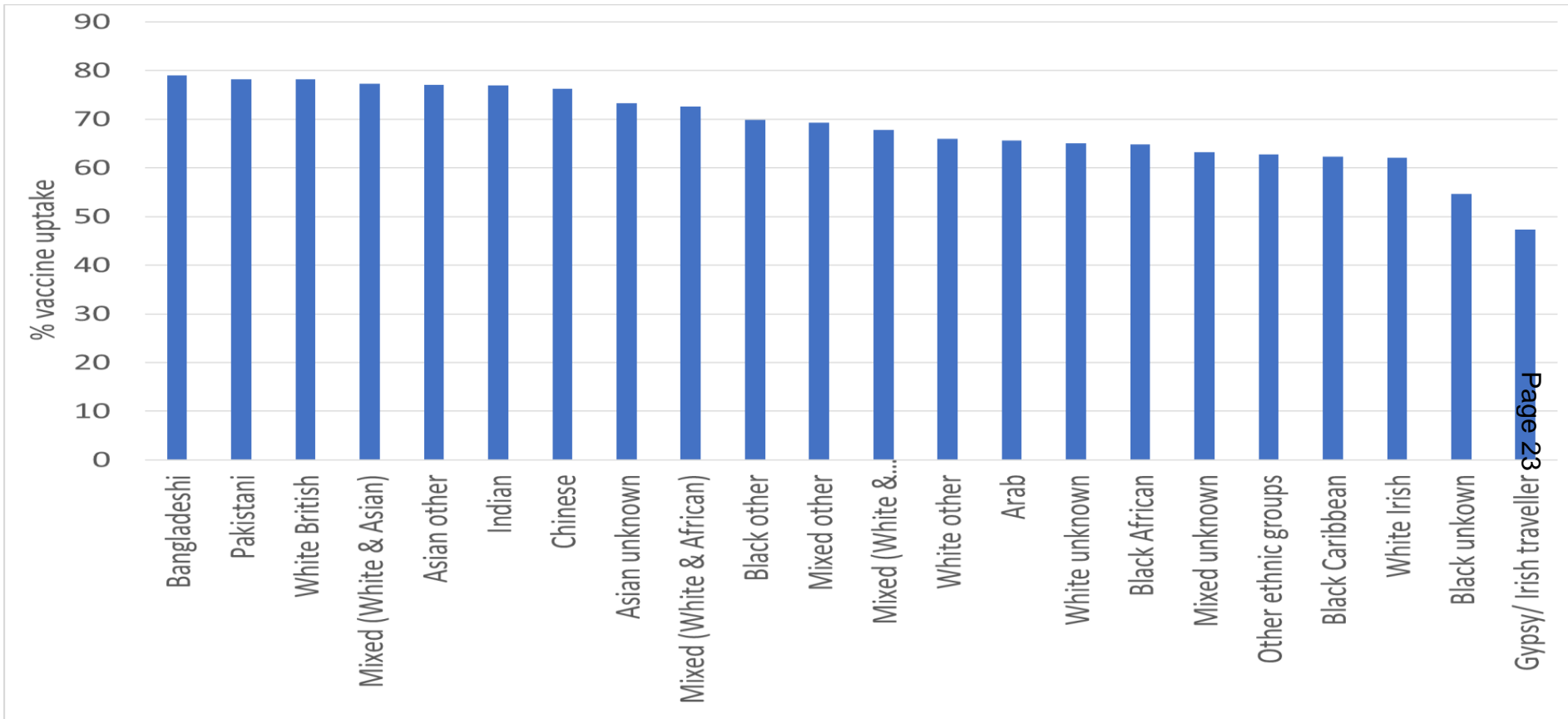
In May 2024, the MMR dose 2 uptake was 71.6% in Enfield – slightly lower than North Central London (73.1%)

# MMR 2 doses vaccination uptake by deprivation quintile across Enfield



Most deprived areas of Enfield has low uptake of MMR vaccine (dose 2).

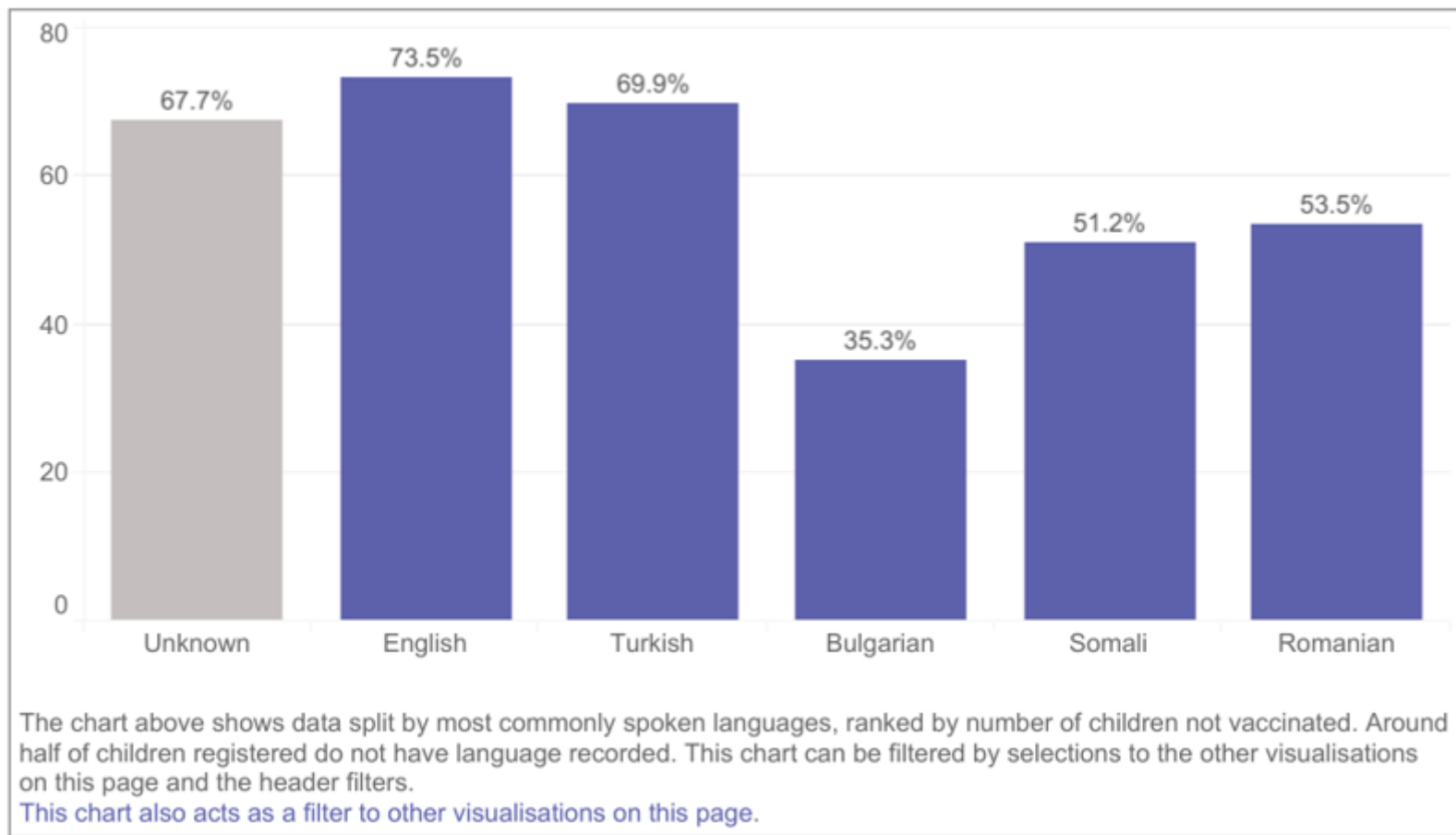
# MMR 2 doses uptake rate by ethnicity



Page 23  
Gypsy/Irish traveller

Ethnicity	Bangladeshi	Pakistani	White British	Mixed (White & Asian)	Asian other	Indian	Chinese	Asian unknown	Mixed (White & African)	Black other	Mixed other	Mixed (White & Caribbean)	White other	White Arab	White unknown	Black African	Mixed unknown	Other ethnic groups	Black Caribbean	White Irish	Black unknown	Gypsy/Irish traveller
Number of eligible children	85	32	921	48	119	95	17	29	61	93	149	84	863	13	184	417	38	207	63	18	70	21

# MMR 2 doses uptake rate by language spoken in Enfield

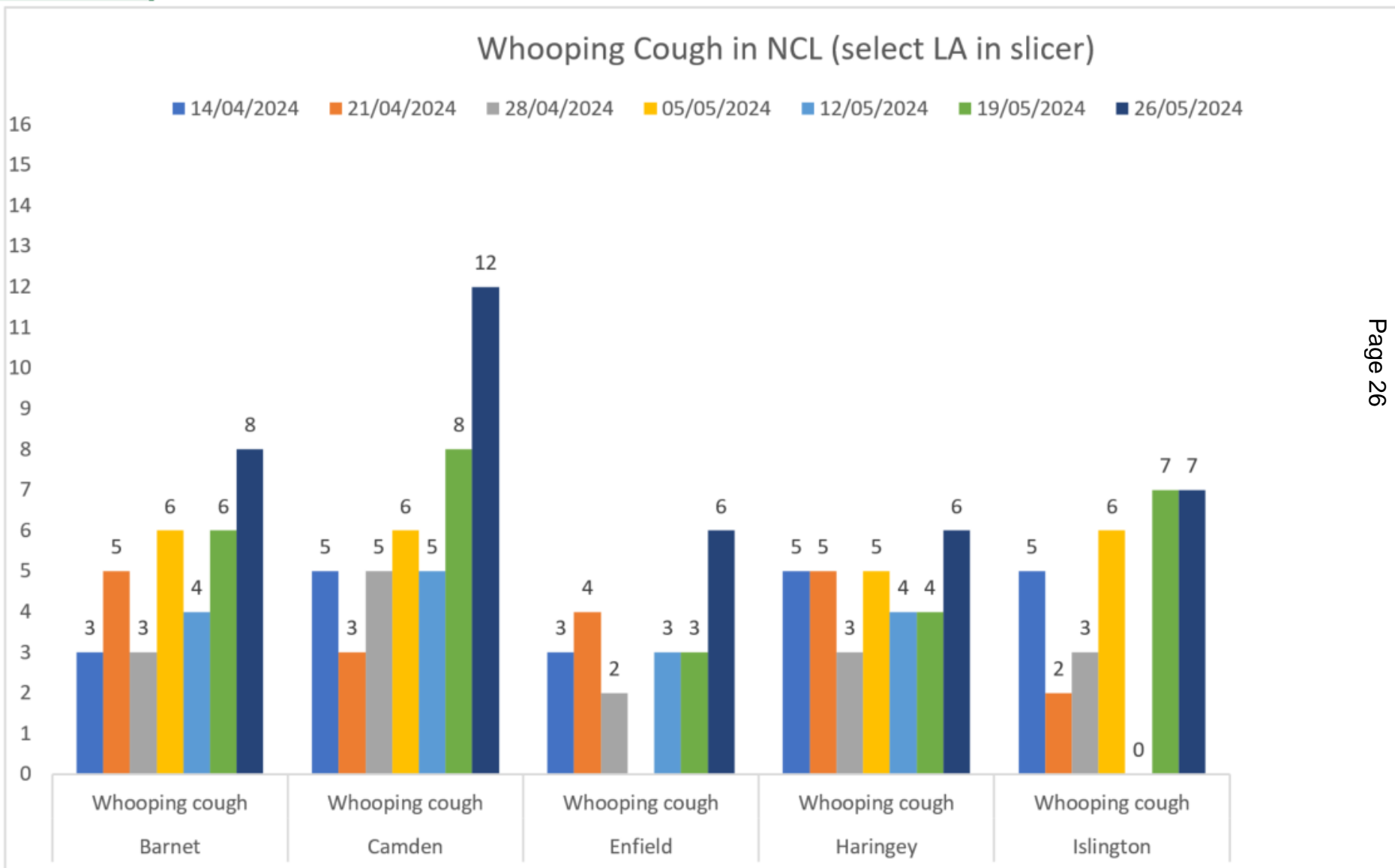


Main Language Filter	Bulgarian	Romanian	Albanian	Turkish	English	Unknown
Eligible Persons	53	57	57	218	1,230	2,416

# Whooping cough (Pertussis) vaccine uptake in Enfield

- The **combined DTaP IPV Hib HepB** is the first in a course of vaccines offered to babies to protect them against diphtheria, pertussis (whooping cough), tetanus, Haemophilus influenzae type b (an important cause of childhood meningitis and pneumonia), polio (IPV is inactivated polio vaccine) and Hepatitis B.
- The **6-in-1 vaccine** (which contain pertussis vaccine) uptake among 1-year olds in **Enfield is 83.2% lower than NCL (86.2%)**.
- The **4-in-1 vaccine** (which contain pertussis vaccine) uptake among 1-year olds in **Enfield is 74.2% lower than NCL (76.6%)**.

# Suspected reported whooping cough cases in NCL boroughs



## HEALTH AND WELLBEING BOARD - 4.12.2023

**MINUTES OF THE MEETING OF THE HEALTH AND WELLBEING BOARD  
HELD ON MONDAY, 4 DECEMBER 2023**

**MEMBERSHIP**

**PRESENT** Cllr Abdul Abdullahi (Cabinet Member for Children's Services), Cllr Andy Milne, Albie Stadtmiller (Healthwatch), Deborah McBeal (NCL ICB), Dudu Sher-Arami (Director of Public Health), Doug Wilson (Director of Adult Social Care), Tony Theodoulou (Executive Director of Children's Services), Jo Ikhelef (CEO of Enfield Voluntary Action), Pamela Burke (Voluntary Sector), Dr Nnenna Osuji (Chief Executive, North Middlesex University Hospital NHS Trust) and Andrew Wright (Barnet, Enfield and Haringey Mental Health NHS Trust)

**ABSENT** Nesil Caliskan (Leader of the Council), Alev Cazimoglu (Cabinet Member for Health & Social Care) and Dr Shakil Alam (NHS North Central London Integrated Care Board)

**OFFICERS:** Mark Tickner (Health and Wellbeing Board Partnership Manager), Jane Creer (Secretary)

**Also Attending:** Gayan Perera (Public Health Intelligence Manager, LBE), Stephen Wells (Head of Enfield Borough Partnership Programme, NCL ICB), Dr Chad Byworth (Public Health Team, LBE), Victoria Adnan (Policy & Performance Manager, LBE), Debbie Gates (Community Development Officer, LBE), Peter Nathan (Director of Education, LBE), Andrew Lawrence (Head of Commissioning – CYP, LBE), Francesca Falcini (Schools & Early Years Data Manager, LBE)

**1  
WELCOME AND APOLOGIES**

Cllr Abdul Abdullahi, as Chair in the absence of Cllr Alev Cazimoglu, welcomed everyone to the virtual meeting and invited attendees to introduce themselves.

Apologies for absence were received from Cllr Nesil Caliskan, Cllr Alev Cazimoglu, Dr Shakil Alam, Dr Alpesh Patel, and Glenn Stewart.

**2  
DECLARATION OF INTERESTS**

There were no declarations of interest in respect of any items on the agenda.

**3  
LB ENFIELD WINTER PREPARATION / VACCINATION PROGRESS /  
INFECTIOUS CONTROL UPDATE**

**HEALTH AND WELLBEING BOARD - 4.12.2023**

RECEIVED the slide presentation, introduced by Gayan Perera, Public Health Intelligence Manager, and Mark Tickner, Infection Control Lead.

NOTED

1. The number of infectious disease notifications was low and normal.
2. The number of Covid-19 cases was small at the moment.
3. Latest Covid Autumn booster and flu vaccination numbers were shown.
4. Latest childhood immunisations uptake data was reported.
5. Reassurance was provided regarding recent detection of swine flu in the north of England, which was of natural occurrence and not spreading, and respiratory disorders reported from China and USA which were linked to 'immunity debt' and not to new pathogens.
6. A multi-agency table top exercise had been run in November in respect of measles planning. A resulting report would be circulated to Board members.

RECEIVED a verbal update in respect of winter preparation from Dr Nnenna Osuji, Chief Executive, North Middlesex Hospital.

7. The number of Covid-19 and flu cases were low, but there remained a quite significant operational impact due to affected patients and staff.
8. There had been increasing numbers of children attending the hospital with respiratory syncytial virus (RSV).
9. Lower vaccination uptake and 'vaccination fatigue' was also manifested in numbers of vaccinated staff, despite a promotional campaign.
10. In emergency departments, pressures and high attendance volumes were present throughout the year. A number of contingency plans had needed to be used.
11. Work was ongoing with London Ambulance Service (LAS) in respect of response times. A pilot scheme to release LAS crews after 45 minutes had been introduced, with improvements to patient flow.
12. Flow had also been improved in emergency services. The front door GP provision had been doubled in capacity.
13. The hospital was intensely busy, and getting busier as the weather got colder. She wished to record gratitude to staff for their hard work.

**4**

**BETTER CARE FUND - UPDATE**

RECEIVED the slide presentation, introduced by Doug Wilson, Director of Health and Adult Social Care, providing an update on the Better Care Fund (BCF).

The BCF supported joined up working across health and social care. The BCF policy objectives related to enabling people to be living safely and independently at home for longer, and providing the right care, at the right place, at the right time. Partnership working in Enfield had been particularly successful. Preparations were in place for services to be busier as the weather got colder: staff were ready and plans had been made.



**HEALTH AND WELLBEING BOARD - 4.12.2023**

IN RESPONSE

In response to the Chair's queries around delayed discharges from hospital, it was advised that there could be a number of reasons for delays, usually due to complexity. It was also noted there had been an increase in numbers of people admitted with strokes who needed rehabilitation before leaving hospital. Partners did work together genuinely well.

**5**

**NORTH CENTRAL LONDON POPULATION HEALTH STRATEGY UPDATE PROGRESS**

RECEIVED the slide presentation, introduced by Deborah McBeal, Director of Integration, North Central London Integrated Care Board (NCL ICB) and Stephen Wells, Head of the Enfield Borough Partnership Programme.

1. The governance and leadership of the Enfield Borough Partnership was set out.
2. The work programme was outlined. Summaries of the work of the key working groups were highlighted, including the Inequalities Delivery Group.
3. There had been mapping across the five NCL boroughs and programmes of work would address the biggest gaps and challenges.
4. Working together going forward was emphasized, with best use of resources and reduced duplication, and alignment with the Joint Local Health and Wellbeing Strategy.
5. A further update would be brought in the new year, when the delivery plan would be in place.

IN RESPONSE

6. Pamela Burke, voluntary sector representative, wished to encourage a joint strategic approach to supporting young carers and adult carers as a group. Involvement of carers led to savings to hospitals and social care costs. Stephen Wells advised that there was a lot of support for this work and he would make contact the following day via email. Dr Nnenna Osuji also advised she would be happy to have further conversations outside the meeting.

**6**

**JOINT HEALTH AND WELLBEING STRATEGY RENEWAL PROGRESS UPDATE**

RECEIVED the draft Enfield Joint Local Health and Wellbeing Strategy 2024-2030, introduced by Dudu Sher-Arami, Director of Public Health, and Victoria Adnan, Policy and Performance Manager.

1. Board members were requested to send their own feedback and to circulate the draft document and questionnaire link to their networks during the current consultation period. Officers would also be pleased to attend

## HEALTH AND WELLBEING BOARD - 4.12.2023

meetings of groups to continue the engagement programme. The online consultation would run until 29 January 2024.

2. A special meeting between the Health and Wellbeing Board and the Borough Partnership was proposed around mid-February 2024 for presentation of the consultation feedback and any amendments to the strategy.

### IN RESPONSE

3. In response to the Chair's queries regarding success of consultation, this would be by ensuring good quality conversations and speaking with a broad range of types of Enfield residents and stakeholders in organisations across the health and care sector.

4. Cllr Milne had concerns that the strategy was aspirational but did not specify what success would look like or how it would be measured. Officers advised that these concerns, also raised at Health and Adult Social Care Scrutiny Panel, were being addressed. It was confirmed there would be a monitoring framework that would also link to key strategies already in place such as the corporate plan and population health strategy. The action plans in the JLHWS would also be developed during the life of the strategy.

5. Pamela Burke would like for young carers and adult carers to be noted specifically in the strategy. Officers agreed to review the text, and would incorporate carers networks into the actions planning. Dudu Sher-Arami would liaise further outside the meeting regarding engagement with the carers' community before the end of the consultation period.

## 7

### EARLY YEARS PARTNERSHIP - UPDATE

RECEIVED the Early Years Partnership Board data set and introduction by Peter Nathan, Director of Education, providing an update on Early Years services.

1. The profile of early years provision had been raised by the government's proposals regarding expanded childcare provision, and expected funding. The changes would require a lot of preparation. Further details would be provided to the Board in the new year.

2. The detailed data set informed planning going forward. It was noted that the birth rate in Enfield had fallen and was already impacting schools.

3. Early Years Foundation Stage Profile data was highlighted: Enfield's Good Level of Development rates were below the London and national averages. Children Obese percentages, and dental decay levels, were higher than London and national averages. Children's MMR immunisation rates were also lower in Enfield than average.

4. Attention was drawn to good results in respect of Health Visiting data. There had been a lot of work to ensure people were seen in a timely way and an increase in the number of drop-in clinics.

5. Of the referrals for family support work, domestic abuse as a presenting issue was significant.

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6. In respect of Joint Service for Disabled Children's Referrals, the top presenting need was social communications difficulties.

**8**

**MINUTES OF THE MEETING HELD ON 2 OCTOBER 2023**

**AGREED** the minutes of the meeting held on 2 October 2023.

**9**

**NEXT MEETING DATES AND DEVELOPMENT SESSIONS**

NOTED the next Board meeting date: Tuesday 5 March 2024 on Teams.

Councillor Abdullahi suggested future agenda items including Inspections, and accessing Child & Adolescent Mental Health Service and autism diagnosis.

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